



**CONFIRMATION OF ATTENDANCE &
CONFIDENTIALITY FORM
FOR VISITING STUDENT CLINICAL ELECTIVES**

Please read the following two statements carefully, initial each statement and fill out the form below to confirm your attendance of your elective as scheduled by the Visiting Students Electives Office.

CONFIRMATION OF ATTENDANCE _____ (STUDENT INITIALS)

This is to confirm that I will be attending the following clinical rotation at the Schulich School of Medicine & Dentistry, Western University as indicated in my Offer letter from the Visiting Electives Office. By signing this form I understand that: 1) No further changes will be permitted 2) Cancellation of this elective must be no later than 6 weeks in advance of the start of the elective 3) Refunds will not be issued for cancelled electives.

PATIENT CONFIDENTIALITY STATEMENT _____ (STUDENT INITIALS)

As a Visiting Medical Student at the Schulich School of Medicine & Dentistry, I accept my ethical obligation as a student member of the medical profession to hold all information provided by patients, families, preceptors and/or other members of the health care team in the strictest confidence. By signing this form I acknowledge that I understand the seriousness of the above-stated obligation and agree to treat all patients according to their needs and without prejudice.

NAME OF STUDENT: _____

HOME UNIVERSITY: _____ STUDENT #: _____

ELECTIVE DISCIPLINE & SUB-SPECIALTY: _____

ELECTIVE START DATE: _____ ELECTIVE END DATE: _____

ACCEPTED ON DATE: _____

(Student Initials: Initials placed on this form are considered to be your electronic signature by the Visiting Student Electives Office).

Once completed, submit the form by uploading it to your application via the AFMC Student Portal.